



DEPARTMENT OF INSURANCE  
STATE OF ARIZONA  
Financial Affairs Division - Compliance Section  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3998  
Fax: (602) 364-3989

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**APPLICATION FOR CERTIFICATE OF AUTHORITY RENEWAL FOR  
MECHANICAL REIMBURSEMENT REINSURER  
PURSUANT TO A.R.S. § 20-1096.05  
Due April 1**

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ENTER THE CURRENT CALENDAR YEAR IN WHICH THIS APPLICATION IS BEING FILED: \_\_\_\_\_

**THIS FORM MUST BE FILED WITH THE ANNUAL STATEMENT FOR THE CALENDAR YEAR  
IMMEDIATELY PRECEDING THE APPLICATION YEAR ENTERED ABOVE**

\_\_\_\_\_  
(Full and Exact Corporate Name)

\_\_\_\_\_  
(Statutory Home Office Address: Street & Number, City, State, Zip Code, Telephone No.)

\_\_\_\_\_  
(Mail Address: Street & Number, P.O. Box, City, State, Zip Code)

Phone: \_\_\_\_\_ Incorporated in the State of ARIZONA

Fax: \_\_\_\_\_ on \_\_\_\_\_ (Month, Day, Year)

Toll-free: (800) \_\_\_\_\_

hereby applies for renewal of its Certificate of Authority authorizing and empowering this Company to transact the business of Mechanical Reimbursement Reinsurance in the State of Arizona, under, and in compliance with, Arizona Revised Statutes Title 20, Chapter 4, Article 12.

Date of last amendment to charter: \_\_\_\_\_

Date of last amendment to by-laws: \_\_\_\_\_

As a condition precedent to and as a consideration for the renewal of the Certificate of Authority herein applied for, this Company declares that its Articles of Incorporation permit it to transact mechanical reimbursement reinsurance business, that it has complied with all laws of the State of Arizona relating to such companies and that it accepts the terms and provisions of the laws of the State of Arizona applicable to said Company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Corporate Name: \_\_\_\_\_

NAIC Group Number: \_\_\_\_\_ NAIC Number: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

By \_\_\_\_\_  
Signature of President Type/Print Contact Person Name and Title

By \_\_\_\_\_  
Signature of Secretary

**ATTACH A CERTIFIED CORPORATE RESOLUTION OF AUTHORIZATION FOR SIGNERS OTHER  
THAN THE PRESIDENT AND SECRETARY**